

Participant Survey

Child Care Facilities Revolving Fund Program

Congratulations on completing your Child Care Facilities Revolving Fund project! We would appreciate your input and comments, to help us improve the program in the future. Please use the attached envelope to return the survey to us.

Identification *(optional)*

Name: _____ Phone: _____ Agency: _____

Building Size:

What is the size of the building that you purchased (in dimensions or square foot area)? _____

Children Served:

How many children are you planning to serve in the building?

	Infant/Toddler	Preschool	School-Age
CDE subsidized			
Non-subsidized			

Excess Costs:

1. Did you pay any costs in excess of the state allowance? ____ Yes ____ No.
2. If yes, what was the amount of costs that exceeded the state allowance? \$_____
3. If yes, what was the cause or causes of the excess costs?

What sources of funds did you use to provide these extra costs? Did you participate in any cost-sharing programs or other grant programs to fund the excess project costs?

Unusual Obstacles or Delays:

1. Did you encounter any unusual obstacles or delays in planning or constructing your project?
____ Yes ____ No.
2. If yes, please describe the problem.

Maximum Allowance: (\$120,000 + contingency and snow load allowances)

1. Do you think the maximum allowance should be increased? ____ Yes ____ No
2. If yes, how much should the maximum allowance be? \$_____

Other Comments or Suggestions:

Do you have any other comments or suggestions that would help us improve the program?

